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FACSIMILE COVER SHEET

TO:	Examiner G. Desire Group Art Unit 2621	
FROM:	Dennis A. Duchene	
RE:	U.S. Application No. 09/312,841 Our Ref: 90862.001426.1	
FAX NO.:	(703) 308-5397	
DATE:	May 28, 2003	NO. OF PAGES: 11 (including cover page)
TIME:	3:30 pm	SENT BY: SA

MESSAGE

Attention: Examiner G. Desire,

Attached are courtesy copies of a Preliminary Amendment and Transmittal which are being hand-filed on May 29, 2003. Please do not hesitate to call me with any questions or concerns at (714) 540-1763.

Sincerely,
Dennis A. Duchene

**IF YOU DO NOT RECEIVE ALL THE PAGES
PLEASE CALL 714-540-8700 AS SOON AS POSSIBLE.**

Note: We are transmitting from a Canon Model FAX-L770
(compatible with any Group I, Group II or Group III machine).

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Mail Stop Non-Fee Amendments

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Date 5 / 29 / 03Atty. Docket 00862
001426.1Application No. 09/312,841

Sir:

Kindly acknowledge receipt of the accompanying:

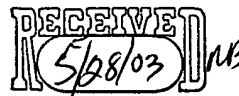
- ☐ Response to Official Action. _____
- ☐ Check for \$ _____ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☐ Information Disclosure Statement, PTO-1449 and _____ documents
- ☐ Claim for priority and certified copies of _____ priority applications
- ☐ Issue fee transmittal and Check for \$ _____
- ☒ Other (specify) Prelim. Amend. & Trans.

by placing your receiving date stamp hereon and returning to deliverer.

Atty. DAD/saDue Date N / D / D

FCH&S-D-00

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Official

In re Application of:

TERUYOSHI WASHIZAWA

Application No.: 09/312,841

Filed: May 17, 1999

For: IMAGE PROCESSING APPARATUS
AND METHOD

Docket No.

00862.001426.1

Examiner: G. Desirc

Group Art Unit: 2621

Date: May 28, 2003

Mail Stop Non-Fee Amendments
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140 ^o /\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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- ☐ *Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 40,595

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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